ATTORNEY DOCKET NO. 5366-05

COMBINED DECLARATION AND POWER OF ATTORNEY

FOR PATENT APPLICATION

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I believe that I am the original, first and sole inventor (if only one inventor is named below) or an original first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **GLASS CONTAINER FORMING MACHINE**, the specification of which:

	is attached hereto							
	□ was filed on, ass	igned Serial No.	and was amended or	1	<u>.</u>			
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.							
	I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.							
	I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
ı.	Prior Foreign Application(s)			Priority Cla	imed			
* 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	None (Number)	(Country)	(Month/Day/Year Filed)	Yes	No			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes	No			
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
	(Application No.)	(Filing Date)	 (Status-Patent, Pending	յ, Abandoned)	_			
	(Application No.)	(Filing Date)	(Status-Patent, Pending	. Abandoned)	- ·			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity or the application or any patent issued thereon. POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this

application and transact all business in the Patent and Trademark Office connected therewith.

Spencer T. Smith, Esq., Registration No. 25,926

SEND CORRESPONDENCE TO:

Spencer T. Smith, Emhart Glass Manufacturing Inc., 89 Phoenix Avenue, P.O. Box 1229, Enfield, CT 06082 (860) 814-4052

GIVEN NAME FAMILY NAME 1ST INVENTOR'S SIGNATURE DATE						
GIVEN NAME	FAMILY NAME	1ST INVENTOR'S SIGNATURE	DATE			
F. ALAN	FENTON	8.a. F. t	3 Dec soo			
RESIDENCE (CITY, ST	ATE & COUNTRY)		CITIZENSHIP			
Granby, Connecticut, L	J.S.A.		UNITED STATES			
POST OFFICE ADDRESS (COMPLETE STREET ADDRESS INCLUDING CITY, STATE & COUNTRY)						
38 Zimmer Road, Granby, Connecticut 06035, U.S.A.						
GIVEN NAME	FAMILY NAME	2ND INVENTOR'S SIGNATURE	DATE			
RESIDENCE (CITY, ST.	ATE & COUNTRY)		CITIZENSHIP			
			UNITED STATES			
POST OFFICE ADDRES	SS (COMPLETE ST	REET ADDRESS INCLUDING CITY,	STATE & COUNTRY)			
as we are a south try						
GIVEN NAME FAMILY NAME 3RD INVENTOR'S SIGNATURE DATE						
GIVEN NAIVIE	FAMILY NAME	3RD INVENTOR'S SIGNATURE	DATE			
RESIDENCE (CITY, STA	ATE & COUNTRY)		CITIZENSHIP			
POST OFFICE ADDRES	C (COMPLETE OF	DEET ADDRESS WALLES	UNITED STATES			
POST OFFICE ADDRESS (COMPLETE STREET ADDRESS INCLUDING CITY, STATE & COUNTRY)						

ASMDECEG.FOR